

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Ruth G. Austin* Town *Bethesda* County *Montgomery* MARYLAND

Died at *near Bethesda*

Date of death *1907* Month *7* Day *31* Age *6* Years *8* Months *5*

Sex *Female* Color or Race *White* Birth-place *Maryland*

Occupation *None* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *J. Thomas Austin* Father's Birthplace *Maryland*

Mother's Maiden Name *Martha Pulbert* Mother's Birthplace *Maryland*

Name of person giving information *Martha Austin* How related to deceased *Mother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

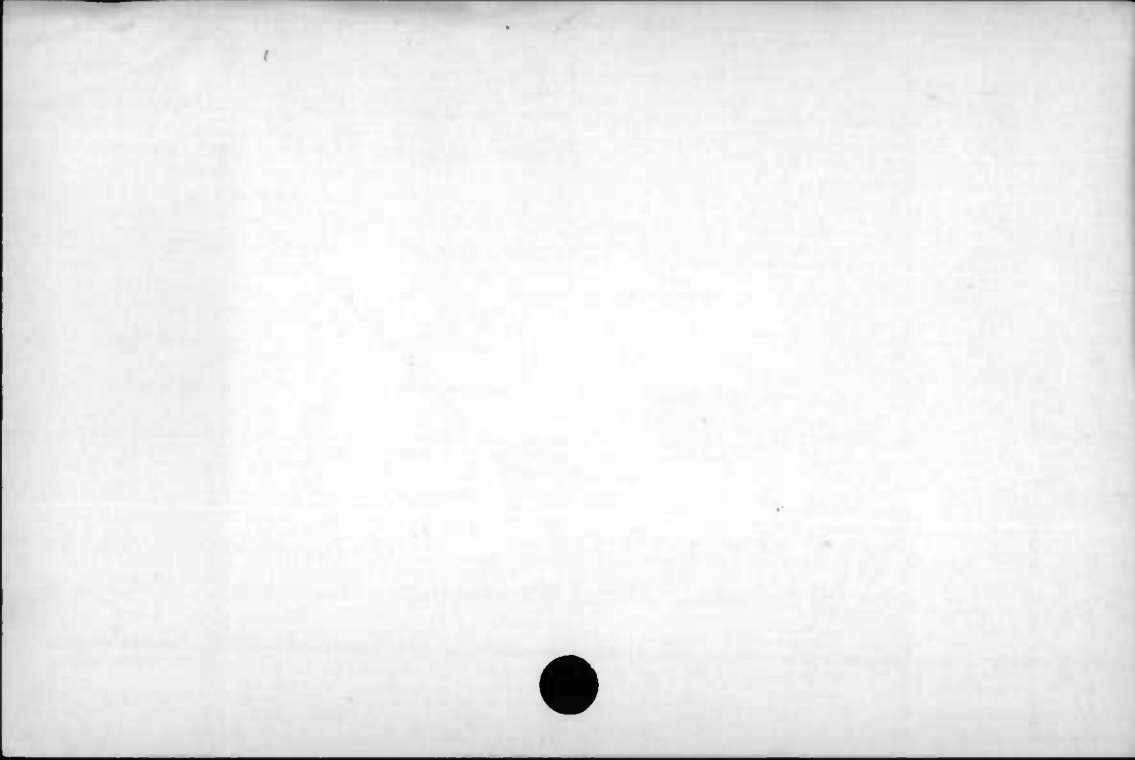
Primary *Enteric Colitis* *100* How long *Three weeks*

Immediate *Exhaustion* How long

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Edward Anderson M.D.*

Address *Rockville, Md.*

Accident or Suicide? *—*



Name
in
Full

CERTIFICATE OF DEATH

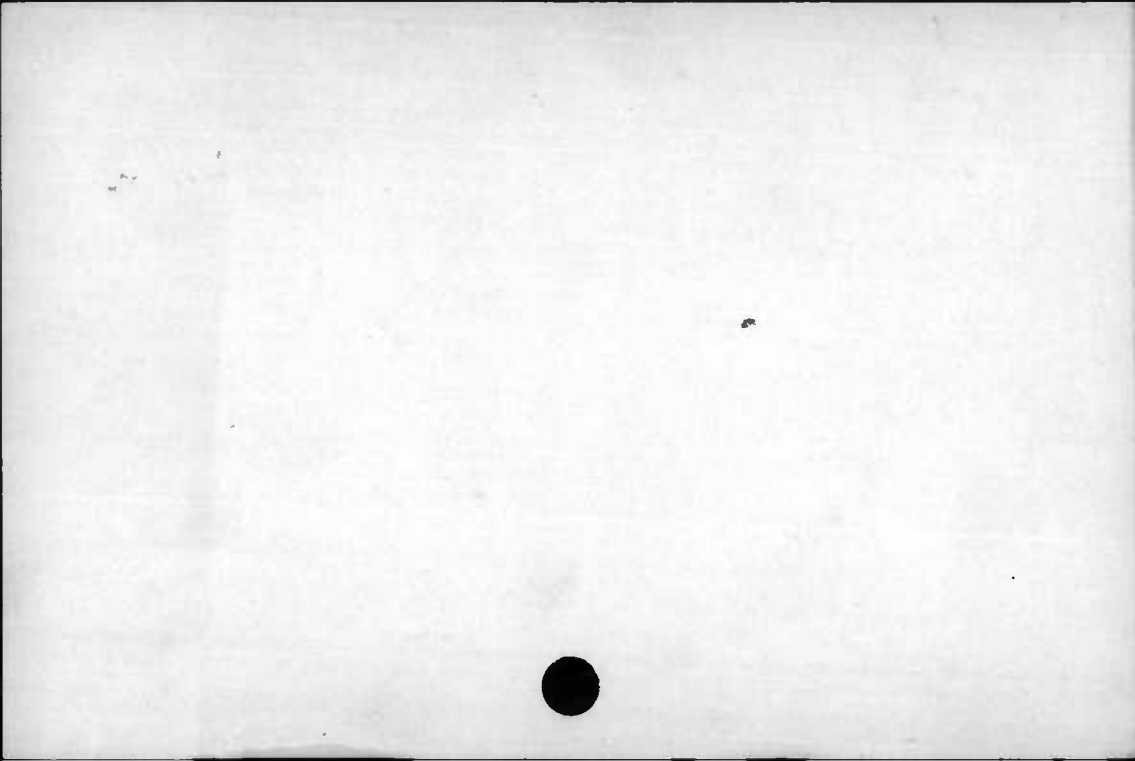
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bethesda</u> <small>Town</small>		<u>Montgomery</u> <small>County</small>		MARYLAND	
Date of death <u>1907</u> <small>Month</small>	<u>July</u>	<u>26</u> <small>Day -th</small>	Age <u>—</u> <small>Years</small>	<u>9</u> <small>Months</small>	<u>—</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Washington DC</u>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <u>Anthony Bauer</u>			Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name			Mother's Birthplace <u>Pa.</u>		
Name of person giving information <u>E. B. Flynn</u>			How related to deceased <u>No relation</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>General Tuberculosis</u>	How long <u>Six months</u>
Immediate <u>Toxaemia + exhaustion</u>	How long <u>Two weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Dr. Myers Hunter M.D.</u>
	Address <u>Bethesda Md.</u>
Accident or Suicide?	



Name
in
Full

William Berotte

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>White's Ferry</u> ^{Town}		<u>Maryland</u> ^{County}		MARYLAND	
Date of death <u>1907</u>	Month <u>July</u>	Day <u>21</u>	Age <u>19</u>	Months	Days
Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u>Unknown</u>		
Occupation <u>with U.S. Express Company</u>			Where Residing if not at place of death <u>Washington D.C.</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband			
Father's Name <u>Unknown</u>			Father's Birthplace <u>Unknown</u>		
Mother's Maiden Name <u>Unknown</u>			Mother's Birthplace <u>Unknown</u>		
Name of person giving information <u>Benjamin Moffett</u>			How related to deceased <u>No relation</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>172</u>	How long
Immediate	<u>Drowning</u>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>B. W. Walling</u>
		Address <u>Coopersville, Maryland</u>
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full *Jennie Martin Bradley* County *Harlem* Maryland

Died at *Rockville* Town *Rockville*

Date of death *1907* Month *7* Day *11* Age *43* Years Months Days

Sex *Female* Color or Race *Colored* Birth-place *Ind*

Occupation *Seamstress* Where Residing if not at place of death ☒

Married, Single or Widowed *Widowed* Name of Wife or Husband *Bradley*

Father's Name *Brem - (Martin as father)* Father's Birthplace *Ind*

Mother's Maiden Name *Elizabeth Martin* Mother's Birthplace *Ind*

Name of person giving information *Farmers Casual* How related to deceased *husband*

CAUSES OF DEATH

42

PHYSICIAN
OR CORONER

Primary *Carcinoma of uterus* How long *1 1/2 yrs*

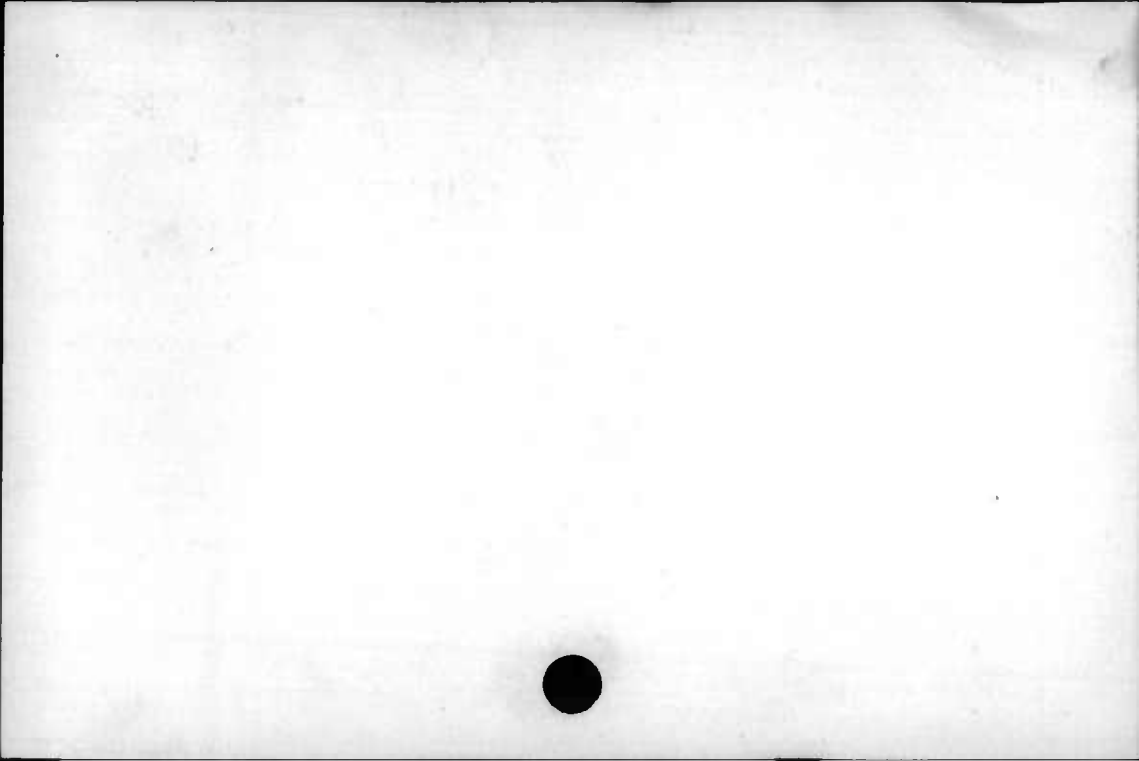
Immediate *Exhaustion* How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Unnamed Baby of Arthur Brandiser

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

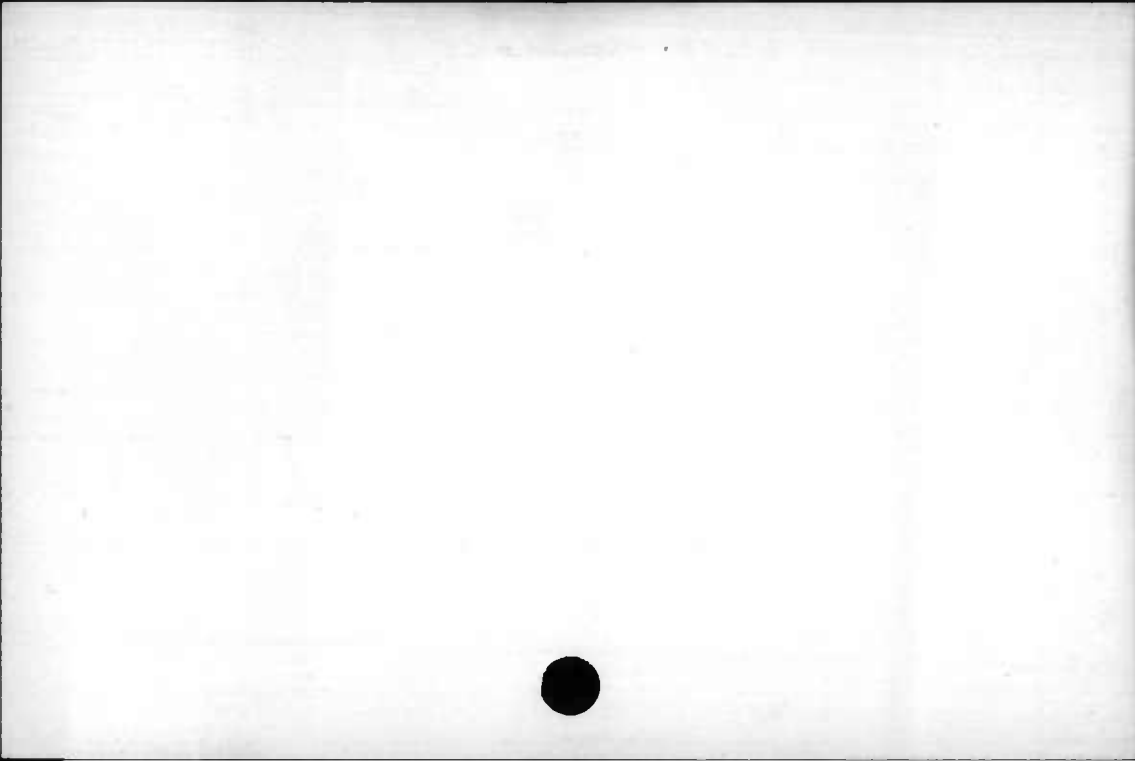
Died at <u>Sugar Land</u> ^{Town}		<u>Murray</u> ^{County}		MARYLAND	
Date of death	1907	Month	7	Day	3
Sex	Male	Color or Race	negro	Age	Years _____ Months _____ Days _____
Occupation	_____		Birth place	Sugar Land.	
Where Residing if not at place of death			_____		
Married, Single or Widowed	_____		Name of Wife or Husband	_____	
Father's Name	Arthur Brandiser			Father's Birthplace	Texas.
Mother's Maiden Name	Lucy Mason			Mother's Birthplace	Texas.
Name of person giving information	Physician			How related to deceased	None.

CAUSES OF DEATH

150

PHYSICIAN
OR CORONER

Primary	Cyanosis neonatorum	How long	_____
Immediate	_____	How long	_____
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	U. D. House M.D.
		Address	Dawsoull Rd.
Accident or Suicide?			



Name
in
Full

Octavia Burriss

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died ^{Town} near Norbeck		^{County} Montgomery		MARYLAND	
Date of death	1907	Month	July	Day	28
Age	—		Years	Months	One
Sex	Female		Color or Race	White	
Occupation	—		Birth-place	Caldwell, Md.	
Where Residing if not at place of death			—		
Married, Single or Widowed	Single		Name of Wife or Husband	—	
Father's Name	Chas. Burriss			Father's Birthplace	Montg. Co. Md.
Mother's Maiden Name	Josephine Burriss			Mother's Birthplace	Montg. Co. Md.
Name of person giving information	Charles Burriss			How related to deceased	Father

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Cholera infantum, supposed		How long	About a week
Immediate	as no physician in attendance		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	Chas. Farguehan, M.D.
			Address	Olney, Md.
Accident or Suicide?				



Name
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Melvin Carson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Poolsville,</u>		Town		County		MARTYNE	
Date of death	1907	Month	July	Day	25	Age	19
Sex	Male	Color or Race	White	Birth-place		Virginia	
Occupation	Farm hand			Where Residing if not at place of death			
Married, Single or Widowed	Single			Name of Wife or Husband			
Father's Name	J. P. Carson			Father's Birthplace		Va	
Mother's Maiden Name	Margaret Muzzey			Mother's Birthplace		Md.	
Name of person giving information	Mrs. Neathings			How related to deceased		Aunt	

CAUSES OF DEATH

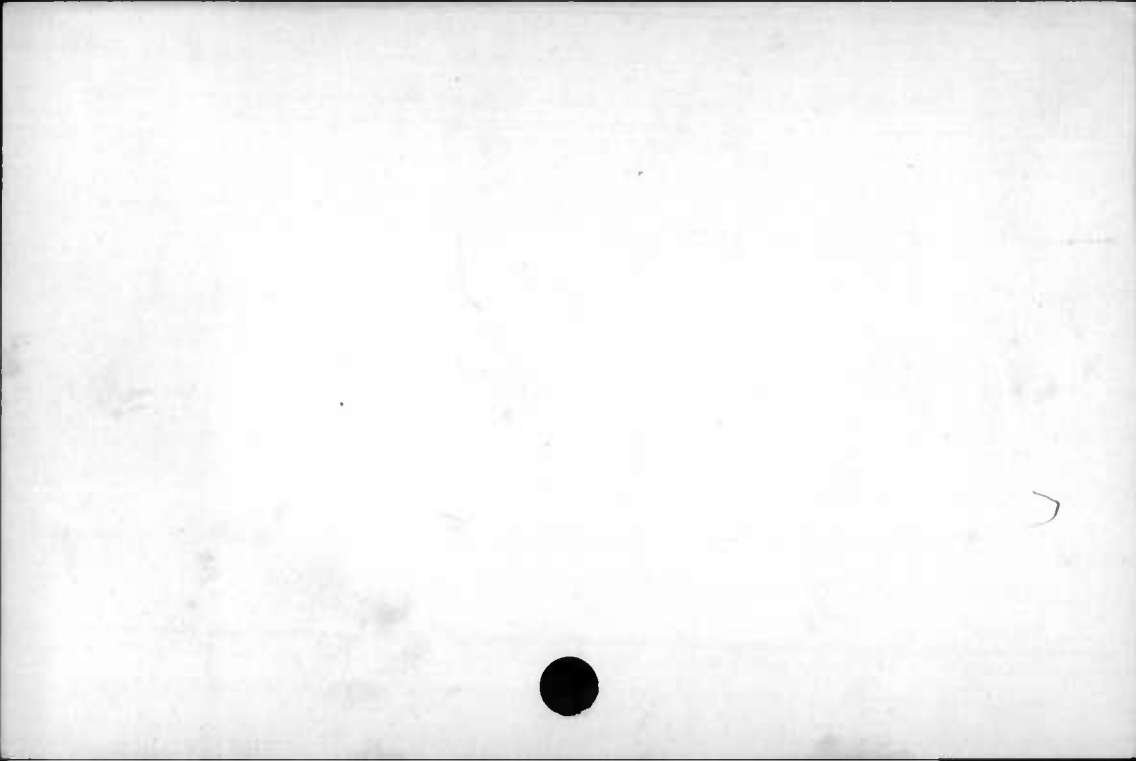
Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	
Signature of Physician	
Address	
Accident or Suicide?	

64

Cerebral Hemorrhage

2 hours

B. W. Walling
Poolsville, Md.



Name
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Fannie Celagett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

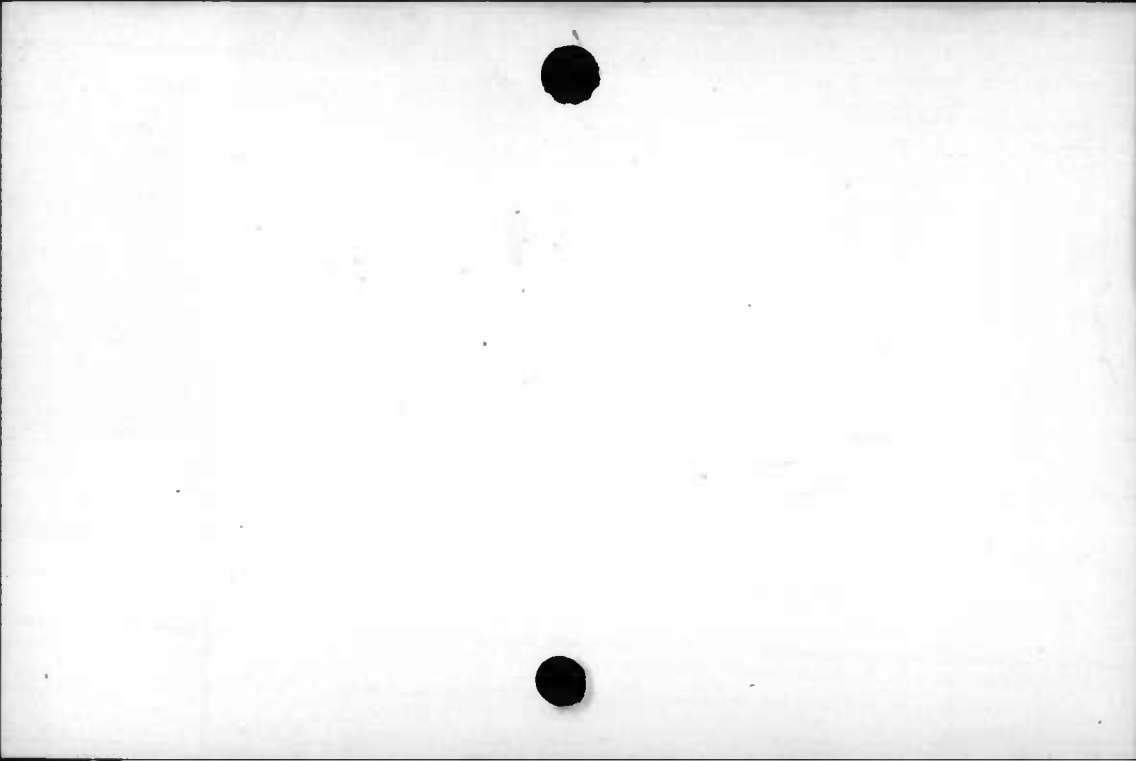
Died at <u>Garthursburg</u> ^{Town}		<u>Montgomery</u> ^{County}		MARYLAND	
Date of death	1907	Month	July	Day	21
Age	41	Years	41	Month	
Sex	Female	Color or Race	White	Birth-place	Maryland
Occupation	House-Wife		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband <u>John C. Celagett</u>			
Father's Name	<u>John Beall</u>		Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name	<u>Mary Steall</u>		Mother's Birthplace <u>Maryland</u>		
Name of person giving information	<u>John Celagett</u>		How related to deceased <u>Husband</u>		

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	Epilepsy Apoplexy	How long	half hour
Immediate	Exhaustion	How long	" "
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		<u>E. C. Elchison</u>	
Address		<u>Garthursburg</u>	
Accident or Suicide?		<u>No</u>	



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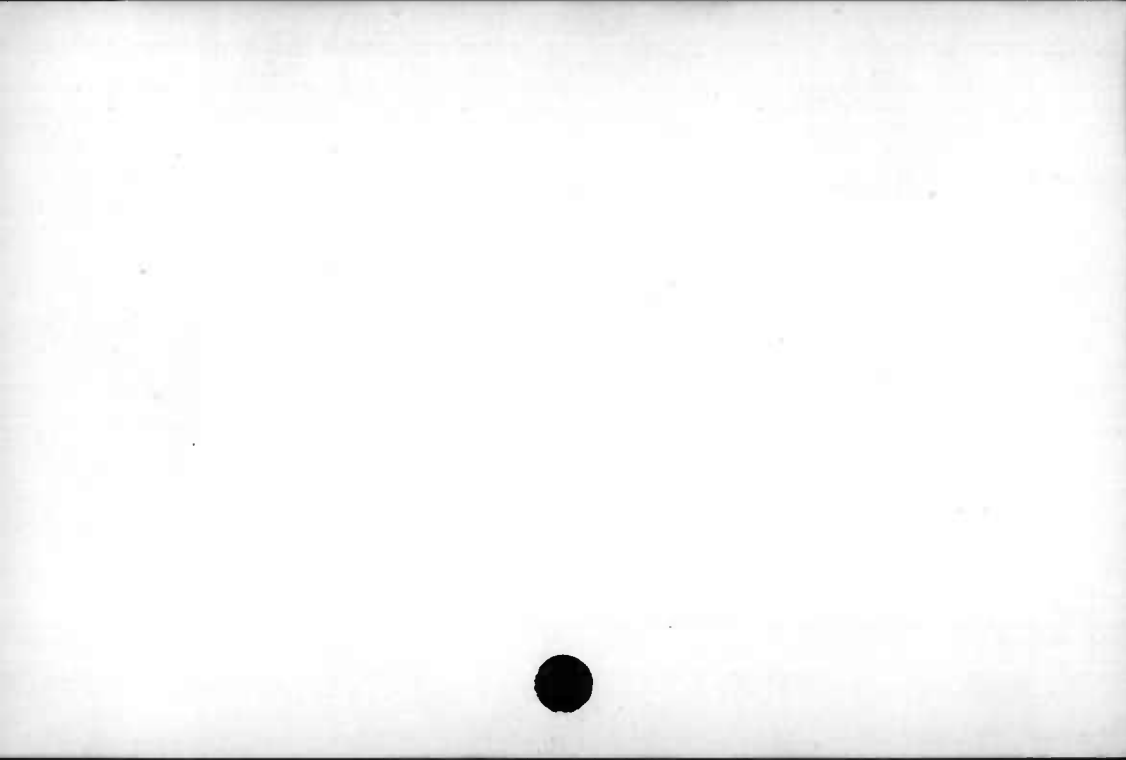
TO BE ANSWERED BY
NEAREST FRIEND

Alton. N. Cornsall
 Died at ^{Town} Keenings ^{County} Montgomery ^{State} MARYLAND
 Date of death 190 ^{Month} July ^{Day} 31 ^{Age} 38 ^{Years} 6 ^{Months} 6 ^{Days} 1
 Sex Male ^{Color or Race} White ^{Birth place} N.Y.
 Occupation Sur. Gen. ^{Where Residing if not at place of death} Maine
 Married, Single or Widowed Married ^{Name of Wife or Husband} Alice Red Cornsall
 Father's Name John Cornsall ^{Father's Birthplace} Mass
 Mother's Maiden Name Susan T. Donaldson ^{Mother's Birthplace} Virginia
 Name of person giving information Alice Red Cornsall ^{How related deceased} Wife

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Tuberculosis of Lungs ^{How long} 3 years
 Immediate Tuberculosis of the lungs ^{How long} 3 years
 Are the name, age, sex, color, date and place correctly given above? Yes
 Signature of Physician Susan Fox
 Address Keenings
 Accident or Suicide? No



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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Poolsville</i>		Town <i>Poolsville</i>		County <i>Montgomery</i>		MAYLAND	
Date of death <i>1907</i>		Month <i>July</i>		Day <i>23</i>		Age <i>58</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Virginia</i>		Months <i>4</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death					
Married, <i>Single</i>		Name of Wife or Husband <i>Henrietta Harper</i>					
Father's Name <i>Wm. Bonp her</i>		Father's Birthplace <i>va.</i>					
Mother's Maiden Name <i>Mary Hawley</i>		Mother's Birthplace <i>va</i>					
Name of person giving information <i>Mrs Bonp her</i>		How related to deceased <i>wife</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Nephritis</i>	How long <i>7 days</i>
Immediate <i>cardiac asthma</i>	How long <i>7 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>B. W. Walling</i>
	Address <i>Poolsville, Md.</i>
Accident or Suicide?	



Name

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CERTIFICATE OF DEATH

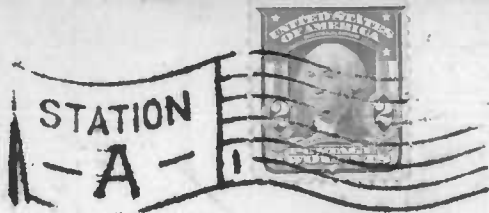
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bethesda</i> ^{Town}		<i>Montgomery</i> ^{County}		MARYLAND	
Date of death	<i>1907</i> ^{Month}	<i>July</i> ^{Day}	<i>18</i> ^{Age}	<i>0</i> ^{Years}	<i>Three</i> ^{Months}
Sex	<i>male</i>	Color or Race	<i>white</i>	Birth-place	
Occupation	—		Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Father's Birthplace			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving information		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Heart Prostration</i>	How long	<i>2 Days</i>
Immediate	<i>Exhaustion</i>	How long	<i>2 Days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Dr. Myers Hunter M.D.</i>
		Address	<i>Foundling Hospital</i>
			<i>Bethesda, Md.</i>
Accident or Suicide?			



Dr William R. Lewis,

Health Officer

Stensington,

MD.

Montgomery Co.

Name
in
Full

Fredk A. Dawson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

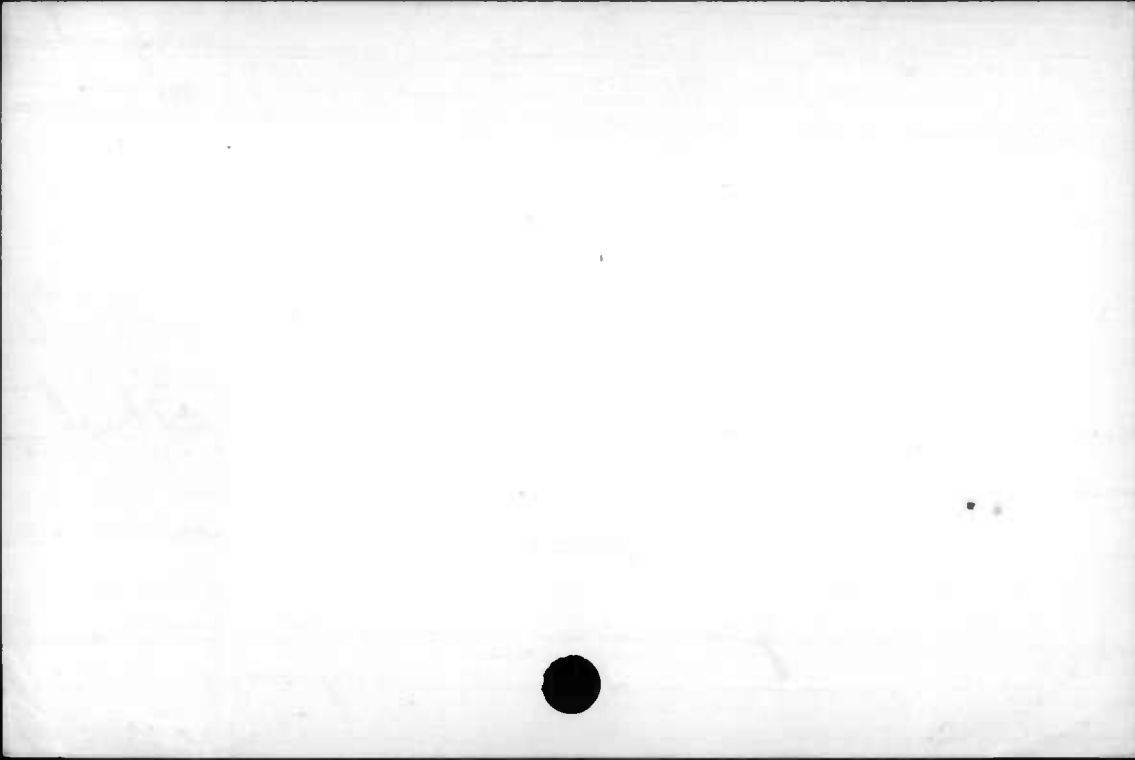
Died at <u>Dawsonville</u> ^{Town}		<u>North</u> ^{County}		MARYLAND	
Date of death	1907	Month	7	Day	22
Age		Years		Months	Days
74		—		—	
Sex	<u>Male</u>		Color or Race	<u>White</u>	
Birth-place	<u>Dawsonville Md.</u>				
Occupation	<u>Surveyor & Farmer</u>		Where Residing if not at place of death		
—			—		
Married, Single or Widowed	<u>Single</u>		Name of Wife or Husband		
—			—		
Father's Name	<u>Benoni Dawson</u>			Father's Birthplace	<u>Md.</u>
Mother's Maiden Name	<u>Sarah Jones</u>			Mother's Birthplace	<u>Md.</u>
Name of person giving information	<u>Susan A. Dawson</u>			How related to deceased	<u>Sister</u>

CAUSES OF DEATH

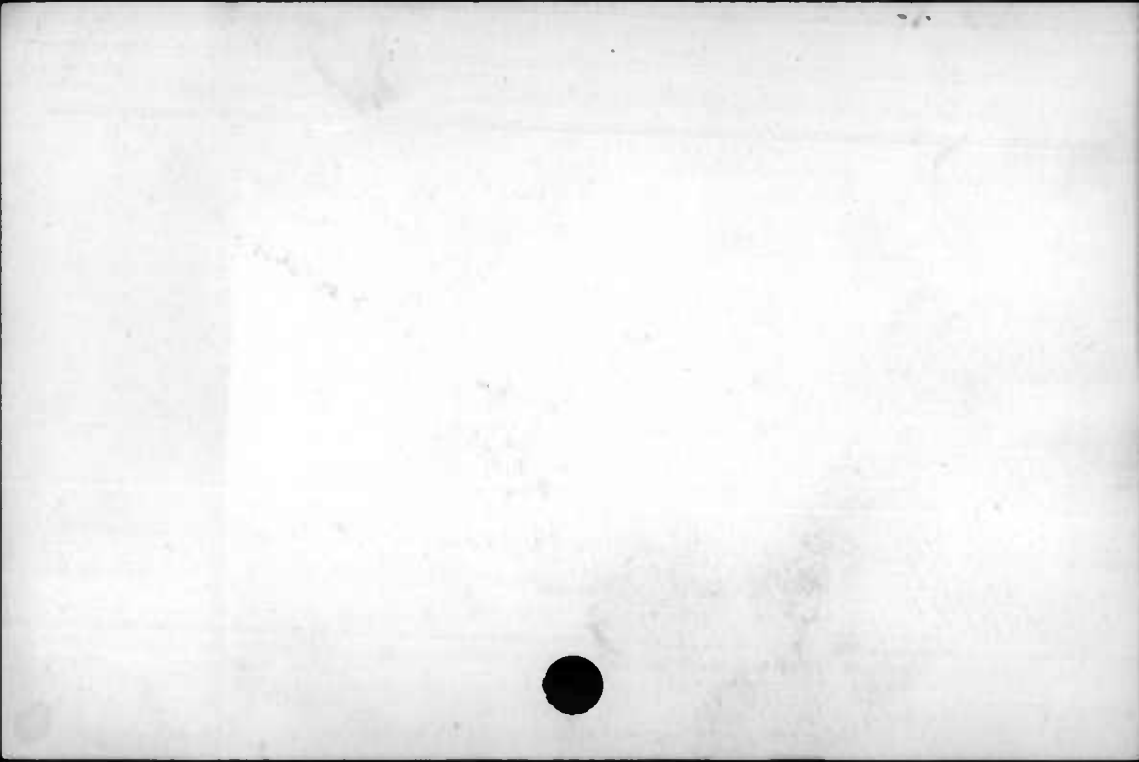
123

PHYSICIAN
OR CORONER

Primary	<u>Tumor of the bladder</u> <u>(probably papilloma)</u>	How long	<u>2 yrs.</u>
Immediate	<u>Acathemia</u>	How long	<u>1 week</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>yes</u>		<u>U. D. House M.D.</u>	
Address		—	
Accident or Suicide?			
—			



Name in Full		Certificate of Death						
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		State	
	Home near Goshen		Montgomery				Maryland	
	Date of death	1907	Month	July	Day	25 th	Age	11
	Sex	male	Color or Race	Colored	Birth place	near Goshen		
	Occupation				Where Residing if not at place of death			
TO BE ANSWERED BY NEAREST FRIEND	Married, Single or Widowed		Name of Wife or Husband					
	Father's Name		Robert Digg				Father's Birthplace	
	Mother's Maiden Name		Rebecca Digg				Mother's Birthplace	
	Name of person giving information		Robert Digg				How related to deceased	
				CAUSES OF DEATH				
PHYSICIAN OR CORONER	Primary		35		Scrophular			
	Immediate		No		How long Ever since he was born			
	Are the name, age, sex, color, date and place correctly given above?		yes		How long 11 years			
	Signature of Physician		Edmund O. Brown Jr					
	Address		Cor. Laytonsville Maryland					
Accident or Suicide?								



Name
in
Full

CERTIFICATE OF DEATH

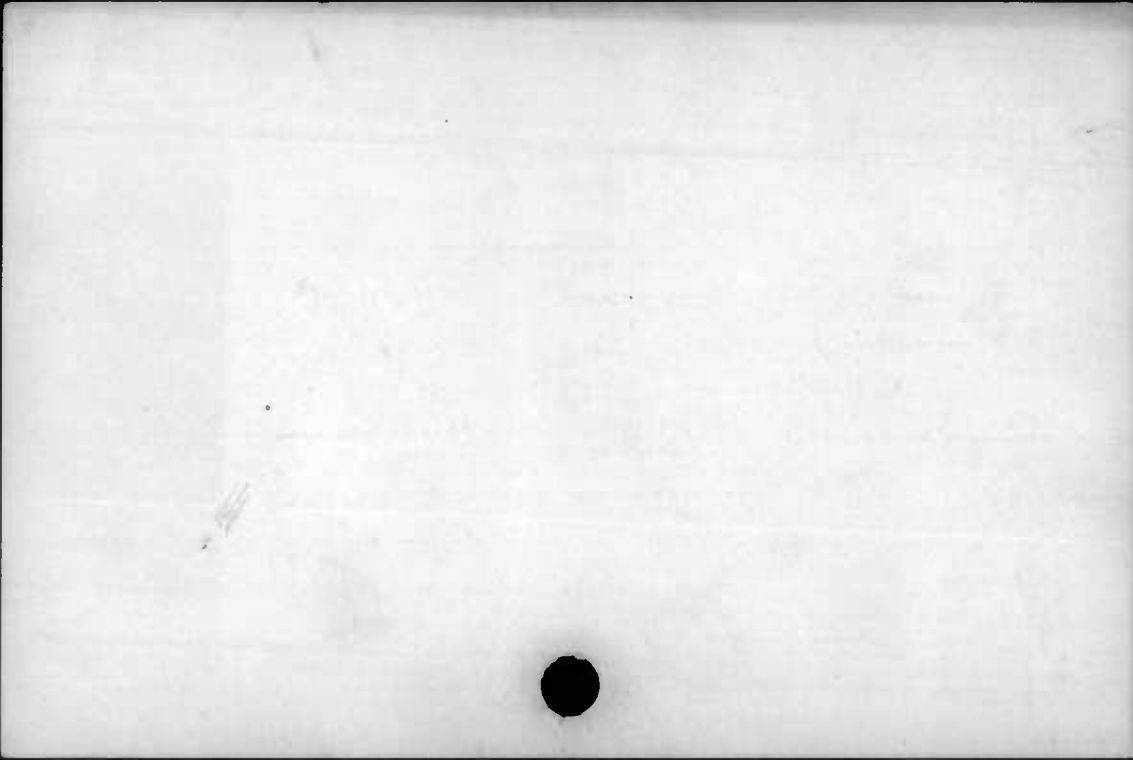
TO BE ANSWERED BY
NEAREST FRIEND

Name George R English Town Gaithersburg County Montgomery
 Died at 1907 Month 7 Day 22 Age 26 Years 4 Months 6 Days
 Date of death
 Sex Male Color or Race White Birth-place Ind
 Occupation _____ Where Residing if not at place of death _____
 Married, Single or Widowed Single Name of Wife or Husband _____
 Father's Name _____ Father's Birthplace Ind
 Mother's Maiden Name Lucet Offutt Mother's Birthplace _____
 Name of person giving information Ans M & E Phabner How related to deceased Sister

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Consumption (27) How long about 3 years
 Immediate _____ How long _____
 Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician E. H. Echison
 Address Gaithersburg
Ind
 Accident or Suicide? _____



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Capitol View</i>		Town <i>mm</i>		County <i>mm</i>		MARYLAND	
Date of death	1907	Month	July	Day	29	Age	28
Sex	Male	Color or Race	Colored	Birth-place	N.C.	Months	Days
Occupation	Lab.			Where Residing if not at place of death <i>same</i>			
Married, Single or Widowed	Married			Name of Wife or Husband <i>Forney</i>			
Father's Name	Dont Know			Father's Birthplace <i>N.C.</i>			
Mother's Maiden Name	Dont Know			Mother's Birthplace <i>N.C.</i>			
Name of person giving information	<i>Alex Datcher</i>			How related to deceased <i>none</i>			

CAUSES OF DEATH

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PHYSICIAN
OR CORONER

Primary	<i>accidental drowning</i>	How long	<i>few min</i>
Immediate	<i>" "</i>	How long	<i>" "</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>W L Lewis</i>
		Address	<i>Kinston</i>
Accident or Suicide?	<i>accident</i>		



Name
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Full

CERTIFICATE OF DEATH

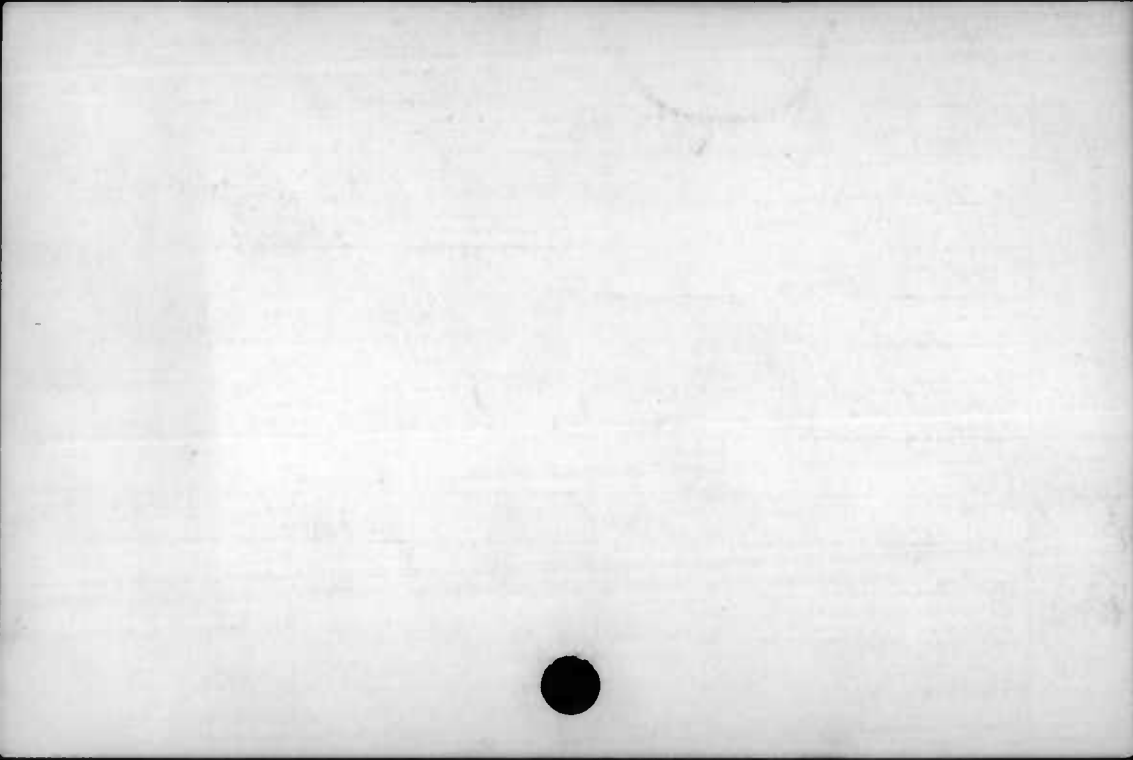
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Gaithersburg</i>		Town <i>Montgomery</i>		County		MARYLAND		
Date of death	<i>1907</i>	Month <i>7</i>	Day <i>21</i>	Age	<i>75</i>	Years	Months <i>—</i>	Days <i>—</i>
Sex	<i>Female</i>	Color or Race	<i>Colored</i>	Birth-place	<i>Ind</i>			
Occupation	<i>—</i>			Where Residing if not at place of death				
Married, Single or Widowed	<i>Widowed</i>			Name of Wife or Husband				
Father's Name				Father's Birthplace				
Mother's Maiden Name				Mother's Birthplace				
Name of person giving information	<i>Isaac Traister</i>			How related to deceased				<i>Son</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>old age</i>	<i>1374</i>	How long	<i>about 3 years</i>
Immediate	<i>—</i>		How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>E H Eichen</i>	
		Address	<i>Gaithersburg Md</i>	
Accident or Suicide?				



Name
in
Full

Martin Lorenzo Hobbett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Sandy Spring</u> ^{Town}		<u>Montgomery</u> ^{County}		MARYLAND	
Date of death	<u>1907</u> ^{Month} <u>July</u> ^{Day} <u>8</u>	Age	<u>—</u> ^{Years} <u>—</u> ^{Month} <u>—</u> ^{Days} <u>6</u>		
Sex	<u>Male</u>	Color or Race	<u>Colored</u>	Birth-place	<u>Montg. Co., Md.</u>
Occupation	<u>—</u>		Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband <u>—</u>			
Father's Name	<u>Richard Fillman Hobbett</u>			Father's Birthplace	<u>Montg. Co., Md.</u>
Mother's Maiden Name	<u>Dora Snowden</u>			Mother's Birthplace	<u>Montg. Co., Md.</u>
Name of person giving information	<u>Richard Fillman Hobbett</u>			How related to deceased	<u>Father</u>

CAUSES OF DEATH

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PHYSICIAN
OR CORONER

Primary	<u>Convulsions so said as no</u>	How long	<u>About 2 days.</u>
Immediate	<u>Physician in attendance.</u>		
Are the name, age, sex, color, date and place correctly given above?	<u>Yes or</u>	Signature of Physician	<u>Chas. Forquhar, M.D.</u>
<u>for or known</u>		Address	<u>Olney, Md.</u>
Accident or Suicide?			



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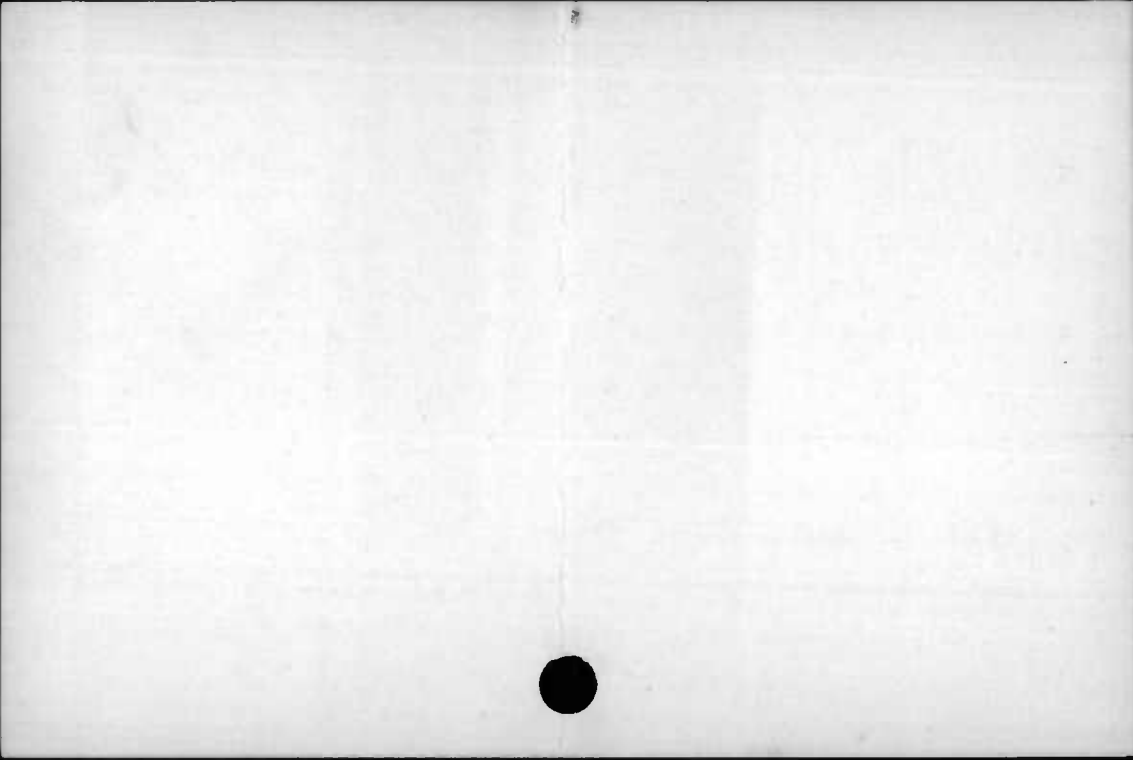
Died at <i>Lakoma Park</i>		Town <i>Montgomery</i>		County		MARYLAND	
Date of death	<i>1907</i>	Month <i>July</i>	Day <i>21st</i>	Age <i>67</i>	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth Place <i>England</i>				
Occupation <i>Teacher</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband						
Father's Name <i>John Hammond</i>	Father's Birthplace <i>England</i>						
Mother's Maiden Name <i>Taylor</i>	Mother's Birthplace <i>England</i>						
Name of person giving information <i>L.H. Lee</i>	How related to deceased <i>Brother in Law</i>						

CAUSES OF DEATH

140

PHYSICIAN
OR CORONER

Primary <i>Barcomata and Cysts in Stomach about one year</i>	How long
Immediate <i>Exhaustion</i>	How long <i>a few days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo Macdonald MD</i>
<i>L.M. Mooers</i> <i>Sub Registrar</i>	Address <i>1204 G St NW</i> <i>Washington DC</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Thomas Harris</i>		Town <i>Washington</i>		County <i>Montgomery</i>		MARYLAND	
Died at <i>Washington</i>		Month <i>7</i>		Day <i>7</i>		Years <i>80</i>	
Date of death <i>1907</i>		Month <i>7</i>		Day <i>7</i>		Age <i>80</i>	
Sex <i>Male</i>		Color or Race <i>Negro</i>		Birth-place <i>La</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>X</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Don't know</i>					
Father's Name <i>Don't know</i>		Father's Birthplace <i>Don't know</i>					
Mother's Maiden Name <i>Don't</i>		Mother's Birthplace <i>Don't know</i>					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Mitral Regurgitation Rymphic</i>	How long <i>Don't know</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Edward Anderson M.D.</i>
	Address <i>Rockville M.D.</i>
Accident or Suicide?	



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Pauline Starting

Died at *Bethesda* Town *Montgomery* County **MARYLAND**

Date of death *1907* Month *July* Day *15* Age *Four* Years Months Days *27*

Sex *Female* Color or Race *white* Birth-place

Occupation Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving information How related to deceased

CAUSES OF DEATH

36

PHYSICIAN
OR CORONER

Primary *Hereditary Syphilis* How long *4 months 27 days*

Immediate *Exhaustion* How long *Three days*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *W. Myers Hunter M.D.*

Address *Founding Hospital Bethesda, Md.*

Accident or Suicide?



Name
in
Full

James Thomas Henderson

CERTIFICATE OF DEATH

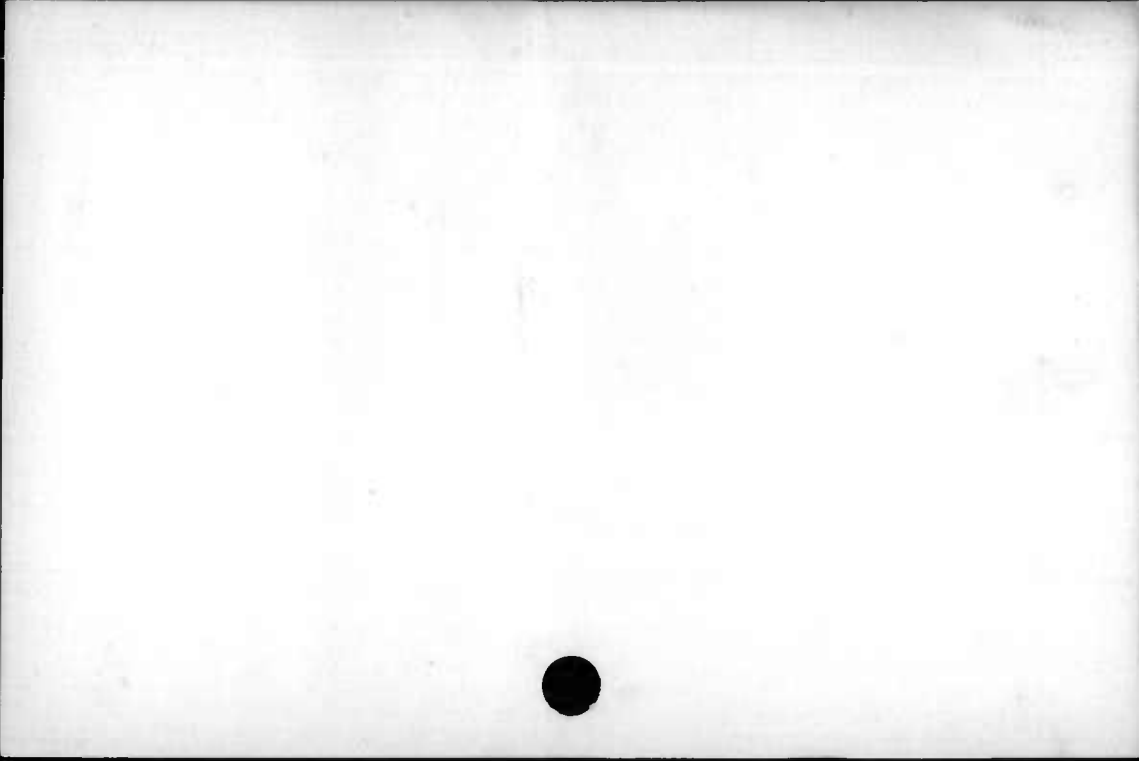
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hoodside</i> Town		<i>Montg</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>July</i>	Day <i>18</i>	Age <i>70</i>	Months <i>11</i>	Days <i>24</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Md.</i>			
Occupation <i>Miller</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>George Anna Shney</i>				
Father's Name <i>John J. Henderson</i>	Father's Birthplace <i>Md.</i>				
Mother's Maiden Name <i>Mary Thelton</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Georgetta Henderson</i>	How related to deceased <i>Thelton</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Dysentery</i>	How long <i>4 days</i>
Immediate <i>Symptoms</i>	How long <i>24 hrs</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. H. Brown</i>
<i>Yes</i>	Address <i>Silver Spring Md</i>
Accident or Suicide?	



Name
in
Full

Bertha Jackson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

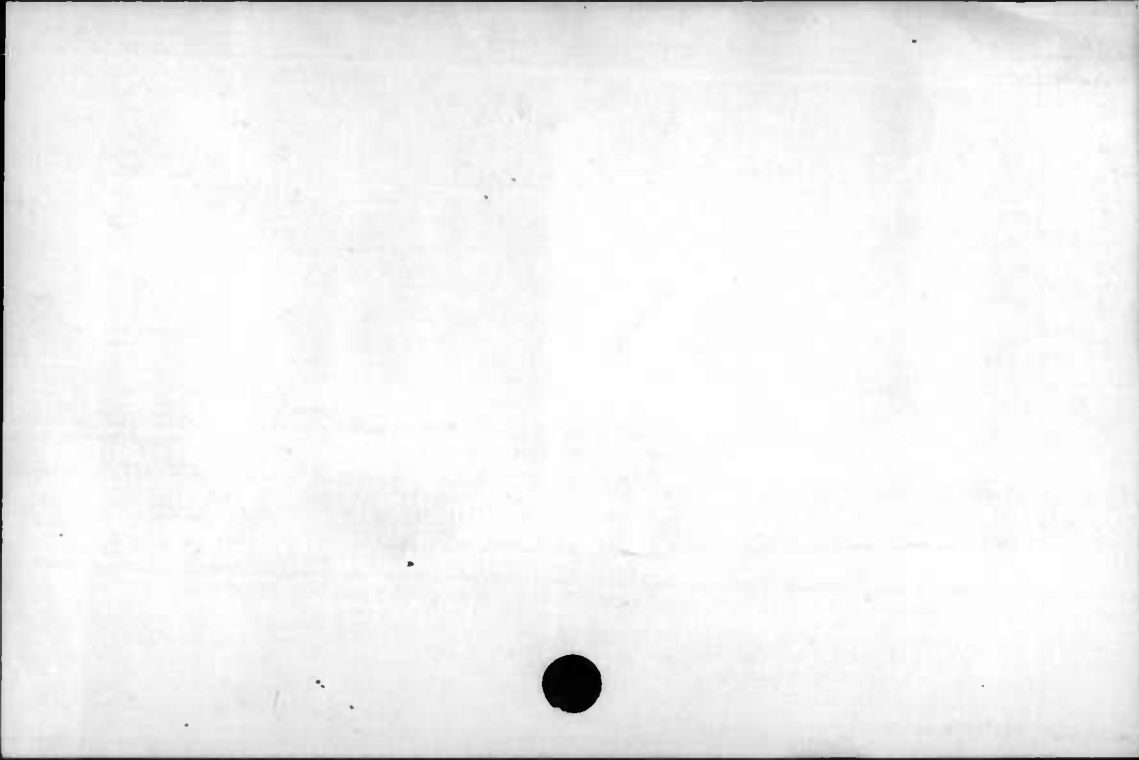
Died at <i>nor Rockville</i>		Town <i>Manassas</i>		County		MARYLAND	
Date of death	1907	Month	7	Day	8	Age	61
Sex	Female	Color or Race	Colored	Birth-place	Ind	Months	Days
Occupation	Servant		Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband		Henry Jackson			
Father's Name	undknown		Father's Birthplace		undknown		
Mother's Maiden Name	undknown		Mother's Birthplace		undknown		
Name of person giving information	Henry Jackson		How related to deceased		1st husband		

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary	<i>Cholera morbus</i>	How long	<i>4 Days</i>
Immediate	<i>of Luncheon</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>O. M. L. Williams</i>		
	Address <i>Rockville</i>		
Accident or Suicide?	Ind		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Marie Johnson* Town *Lay Hill* County *Montgomery* MARYLAND

Died at *Lay Hill*

Date of death *1907* July *17* Age *1* Years *1* Months *1* Days *1*

Sex *Female* Color or Race *Black* Birth place *Ind*

Occupation *None* Where Residing if not at place of death *Ind*

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *Walter Johnson* Father's Birthplace *Ind*

Mother's Maiden Name *Josephine Ward* Mother's Birthplace *Ind*

Name of person giving information *Josephine Ward* How related to deceased *Mother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Marasmus* How long *3 months*

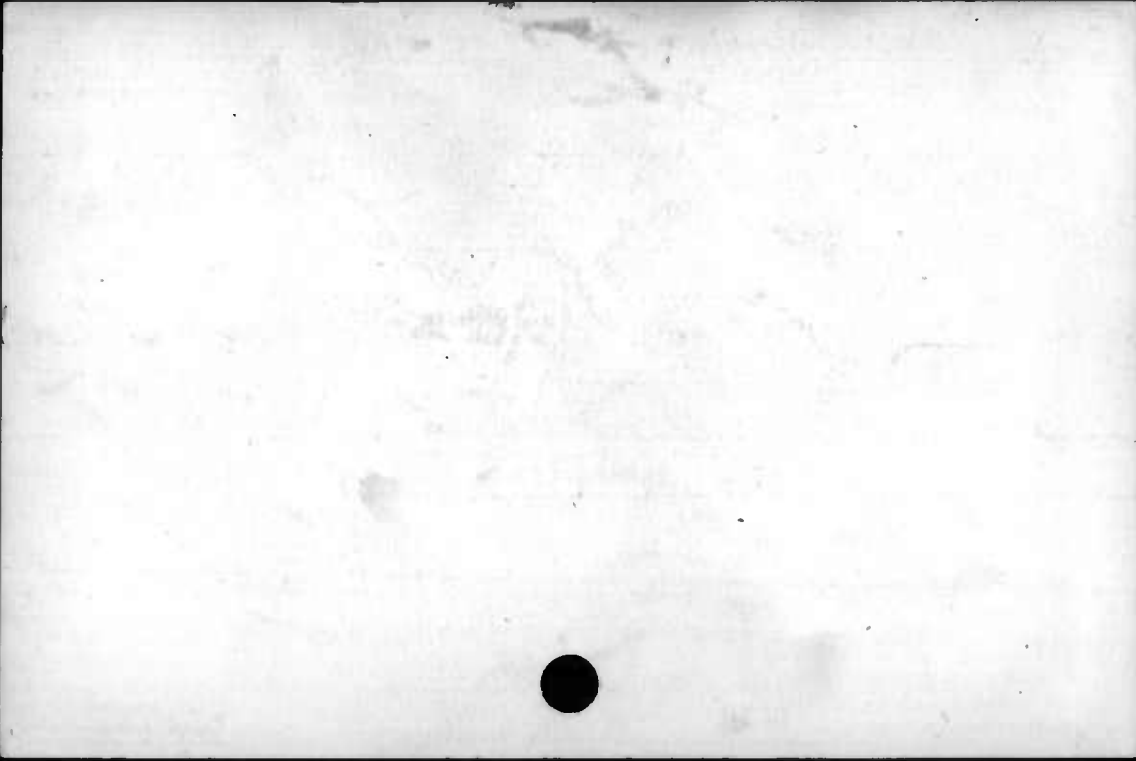
Immediate *Marasmus* How long *3 months*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Eugene Jones*

Address *Kennington*

Accident or Suicide? *None*



Name
in
Full

William

Johnson
Montgomery

CERTIFICATE OF DEATH

Town

County

Died near Olney

MARYLAND

Date

of death 1907

Month

July

Day

5

Age

Years

Months

Days

6

Sex

Male

Color or
Race

Colored

Birth-
place

Montg. Co. Md.

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Jas. Johnson

Father's
Birthplace

Montg. Co. Md.

Mother's
Maiden Name

Stella Brown

Mother's
Birthplace

Montg. Co. Md.

Name of person giving
In formation

Kate Brown

How related
to deceased

Grandmother

CAUSES OF DEATH

Primary

Convulsions

71

How long

6 days

Immediate

Convulsions

How long

6 days

Are the name, age, sex, color, date
and place correctly given above?

Yes, as

Signature of
Physician

Chas. Farguhar, M. D.

Address

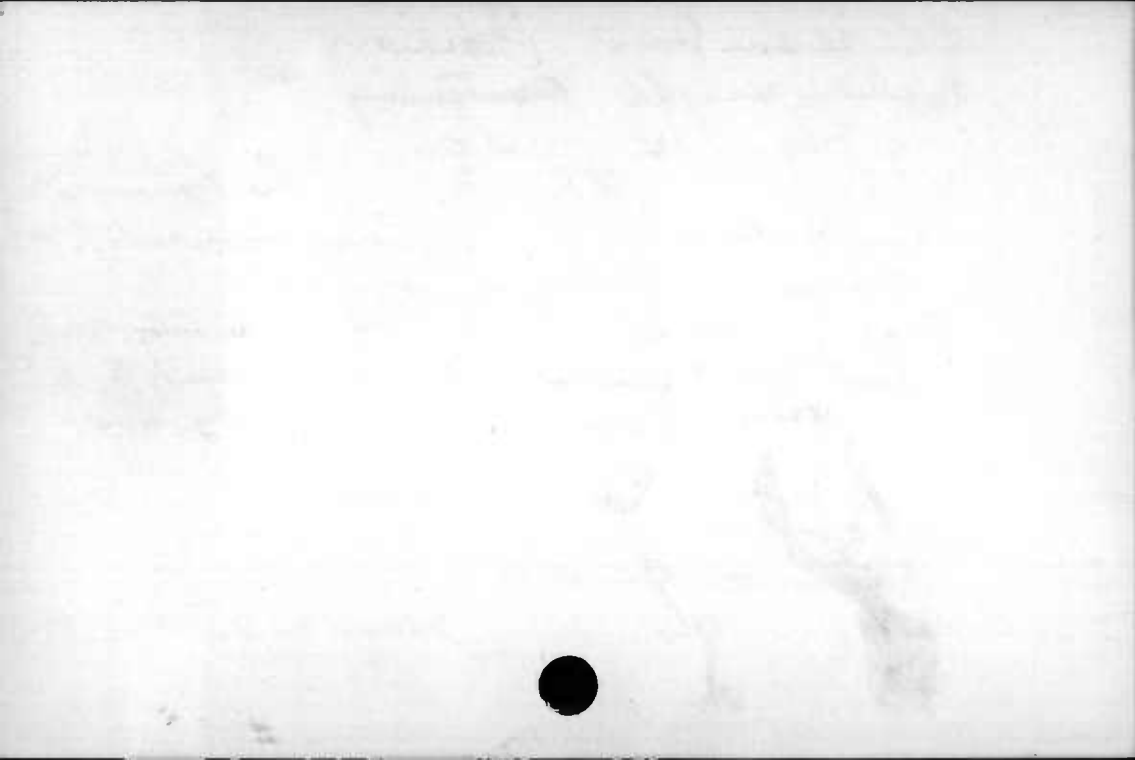
Olney

Md.

far as known as no phy-
sician in attendance.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Alexander Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Friendship Heights</i>		Town <i>Montgomery</i>		County		MARYLAND	
Date of death	1907	Month	July	Day	14	Years	Age 30
Sex	Male	Color or Race	Blk	Birth-place	Montgomery Co. Md.		
Occupation	Farm Laborer		Where Residing if not at place of death <i>Emory Grove, Montg. Co. Md.</i>				
Married, Single or Widowed	Married		Name of Wife or Husband <i>Laura Jones</i>				
Father's Name	<i>Henry Jones</i>		Father's Birthplace <i>Montg. Co. Md.</i>				
Mother's Maiden Name	<i>Rose Ella Duval</i>		Mother's Birthplace <i>Montg. Co. Md.</i>				
Name of person giving information	<i>Wm Jones</i>		How related to deceased <i>Mother</i>				

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary	<i>Alcohol</i>	How long	—
Immediate	<i>Electric Car</i>	How long	—
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>John L. Lewis, M.D.</i>
		Address	<i>Bethesda, Md.</i>
Accident or Suicide?	<i>Accident</i>		



Name
in
Full

William Kilgour.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

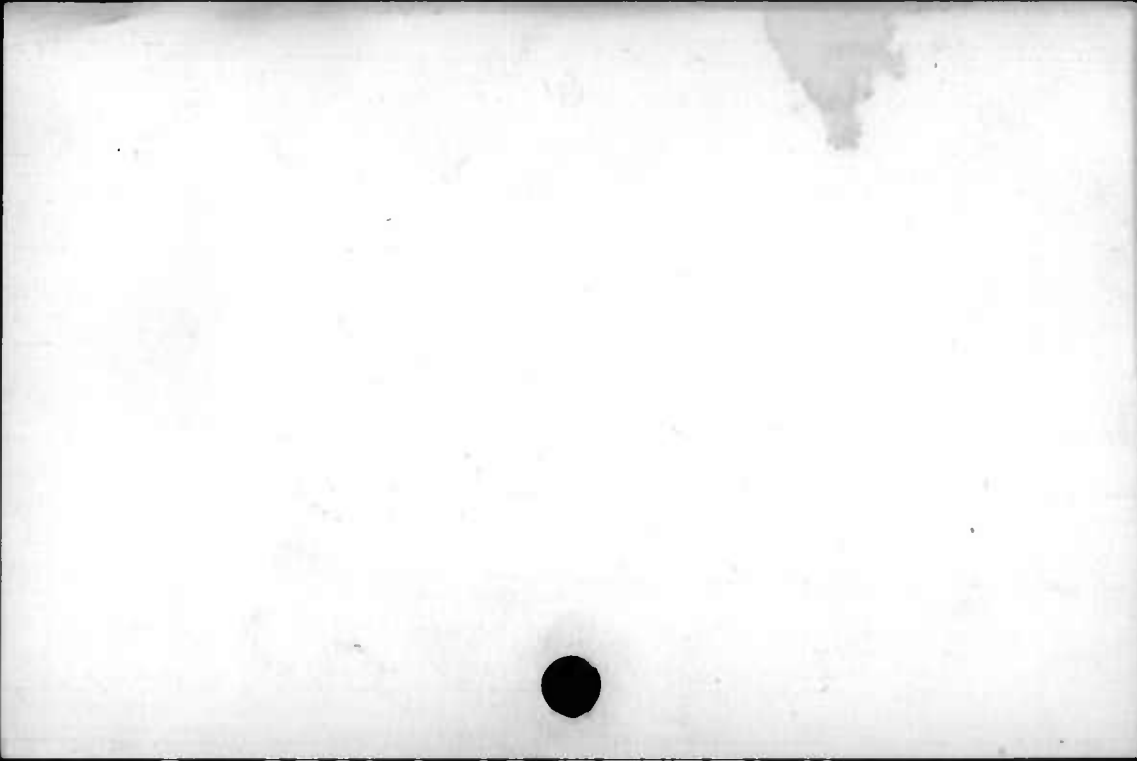
Died at		Town Rockville		County Montgomery		MARYLAND					
Date of death		Month July		Day 14		Age 74		Months Years		Days	
Sex Male		Color or Race White		Birth- place Montgomery County							
Occupation				Where Residing if not at place of death							
Married, Single or Widowed		Widower		Name of Wife or Husband							
Father's Name		Alexander Kilgour				Father's Birthplace		Maryland			
Mother's Maiden Name		Margaret Ann Strickling				Mother's Birthplace		Virginia			
Name of person giving In formation		J.P.B. Veins				How related to deceased		None			

CAUSES OF DEATH

(81)

PHYSICIAN
OR CORONER

Primary		Arterio-sclerosis		How long	
Immediate		Exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	
				Address	
				Rockville.	
Accident or Suicide?		No.			



Name
in
Full

Elinore C. Lockwood

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

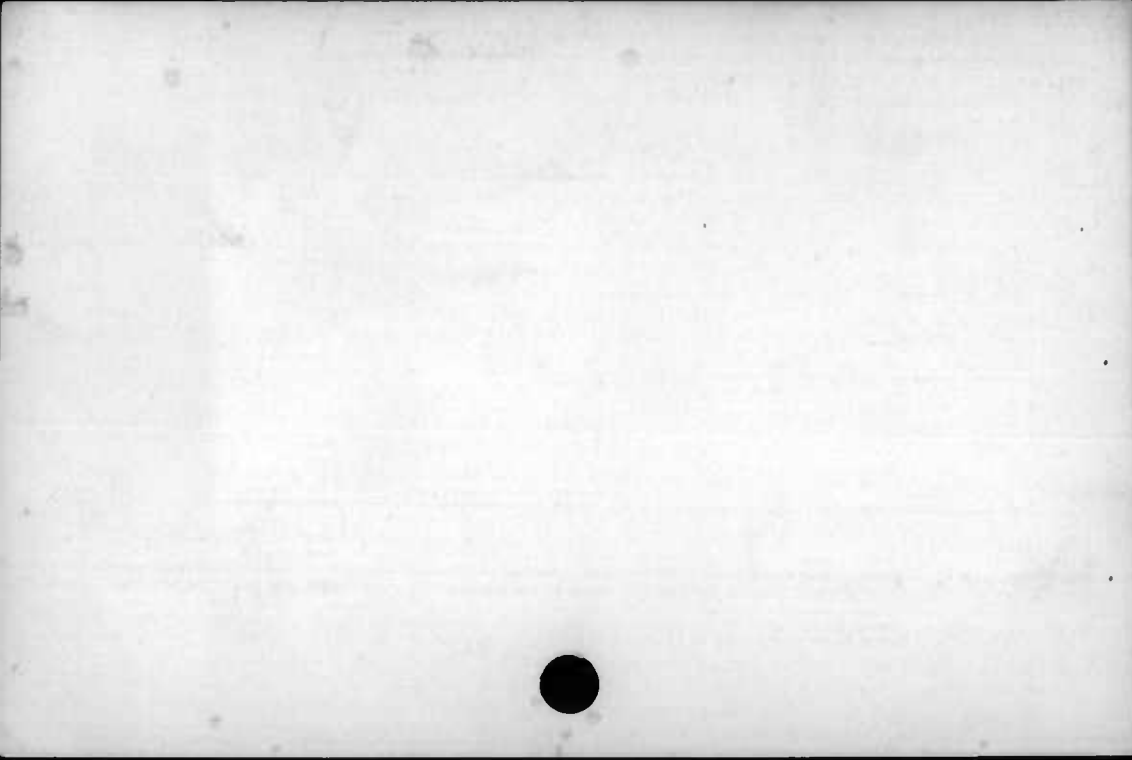
Died at		Town		County		MARYLAND	
Gaithersburg		Montgomery					
Date	Month	Day	Age	Years	Months	Days	
of death	1907	July	10	42	8	10	
Sex	Female		Color or Race	White		Birth-place	Washington, D.C.
Occupation	Housewife		Where Residing If not at place of death		Washington, D.C.		
Married, Single or Widowed	Widow		Name of Wife or Husband	Pascal N. Lockwood			
Father's Name	Maurice Millrick				Father's Birthplace	Ireland	
Mother's Maiden Name	Mary Dunn				Mother's Birthplace	Ireland	
Name of person giving information	Daniel A. Millrick				How related to deceased	Brother	

CAUSES OF DEATH

164

PHYSICIAN
OR CORONER

Primary	Blood Clot and Convulsions	How long	Three days
Immediate	Blood Clot and Convulsions	How long	Exhaustion
Are the name, age, sex, color, date and place correctly given above?		YES	
Signature of Physician		E. C. Ellison	
Address		Gaithersburg Md	
Accident or Suicide?			



Name
in
Full

Barrie Olive Matthews

CERTIFICATE OF DEATH

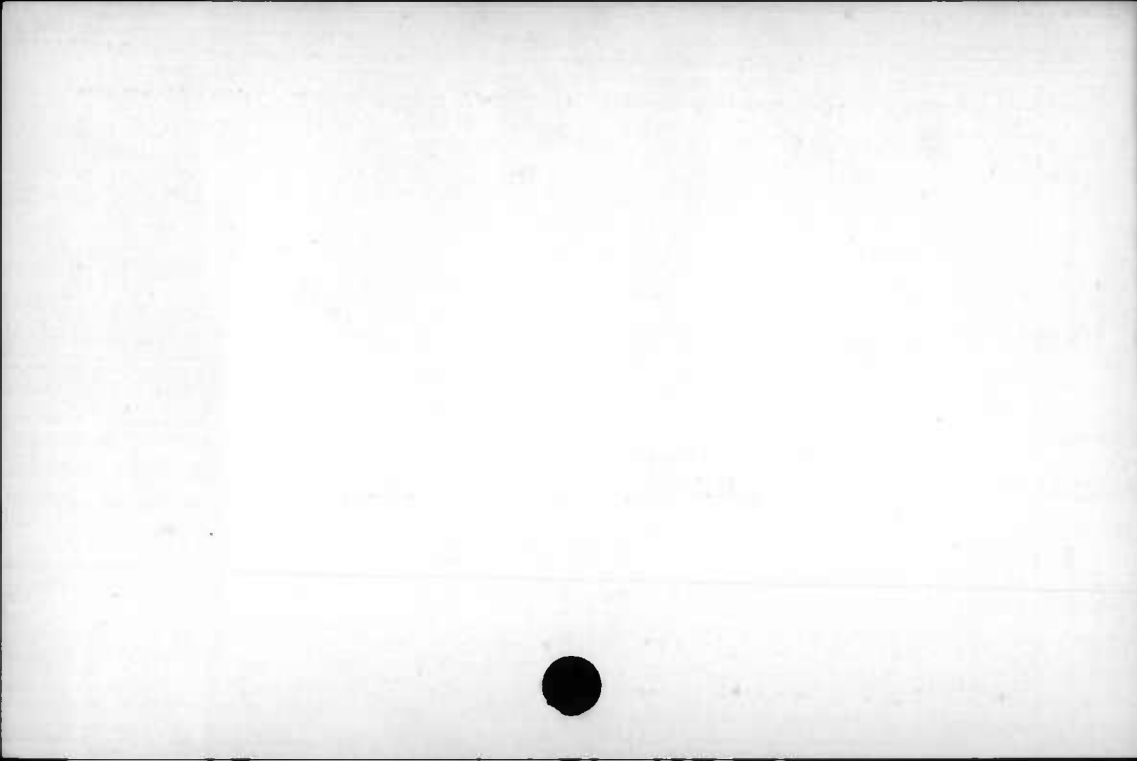
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Olney</i> ^{Town}		<i>Meoungouery</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>July</i>	Day <i>23</i>	Age <i>—</i>	Months <i>—</i>	Days <i>12</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Olney Md</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Roland Matthews</i>			Father's Birthplace <i>Montg. Co. Md</i>		
Mother's Maiden Name <i>Louisa Francis Virginia Hodge</i>			Mother's Birthplace <i>Montg. Co. Md</i>		
Name of person giving information <i>Cesar, Richard Hodge</i>			How related to deceased <i>Nephew</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	<i>(151)</i>	How long <i>About 12 days</i>
Immediate <i>Transition</i>		How long <i>About 12 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas. Farguehan</i>	<i>Olney, Md</i>
	Address <i>—</i>	
Accident or Suicide? <i>—</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Nickerson</i> ^{Town}		<i>Montgomery</i> ^{County}		MARYLAND	
Date of death	1907	Month	July	Day	15
Age	32	Years		Months	4
Sex	Male	Color or Race	Colored	Birth-place	Nickerson
Occupation	Cook	Where Residing if not at place of death			
Married, Single or Widowed	<input checked="" type="checkbox"/> Married	Name of Wife or Husband <i>Hattie Auley</i>			
Father's Name	<i>Henry Auley</i>		Father's Birthplace <i>Va</i>		
Mother's Maiden Name	<i>Florence</i>		Mother's Birthplace <i>"</i>		
Name of person giving information	<i>Murray Auley</i>		How related to deceased <i>Brother</i>		

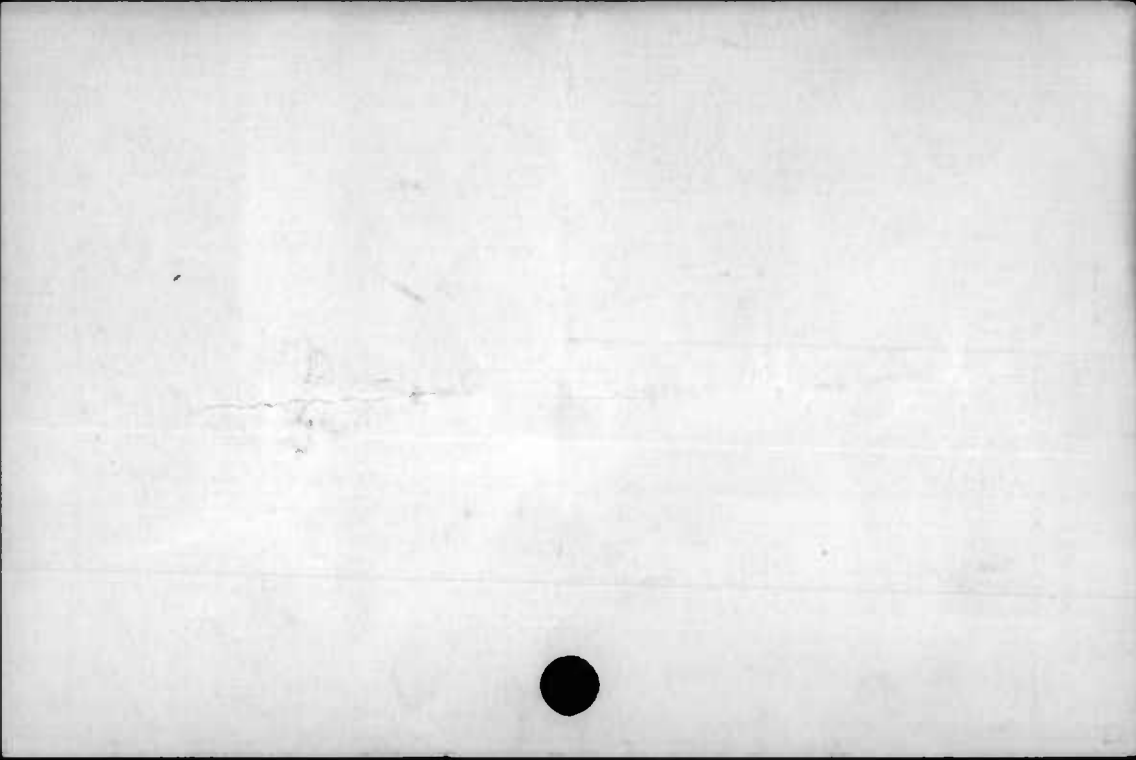
Cook on dining car and exposed to cold drafts when perspiring freely.

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Exposure to cold drafts while perspiring freely.</i>	How long	
Immediate cause	<i>Physical debility</i>	How long	<i>6 mos</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>R. C. Smith, M.D.</i>
	<i>Pulmonary tuberculosis.</i>	Address	<i>Nickerson, Mt.</i>
Accident or Suicide?	<i>No</i>		



Name
in
Full

Newton H Palmer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Martinsburg</i> Town		<i>Montgomery</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>July</i>	Day <i>1</i>	Age <i>2</i> Years	Months	Days
Sex <i>Boy</i>	Color or Race <i>Black</i>		Birth-place <i>Martinsburg</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Harry Palmer</i>			Father's Birthplace <i>Elmer Ind</i>		
Mother's Maiden Name <i>Dora Franklin</i>			Mother's Birthplace <i>Martinsburg</i>		
Name of person giving information <i>Harry Palmer</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Consumption</i>	(27)	How long <i>one year</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R. D. Holt cut reg</i>	Address <i>Bolesville Ind</i>
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

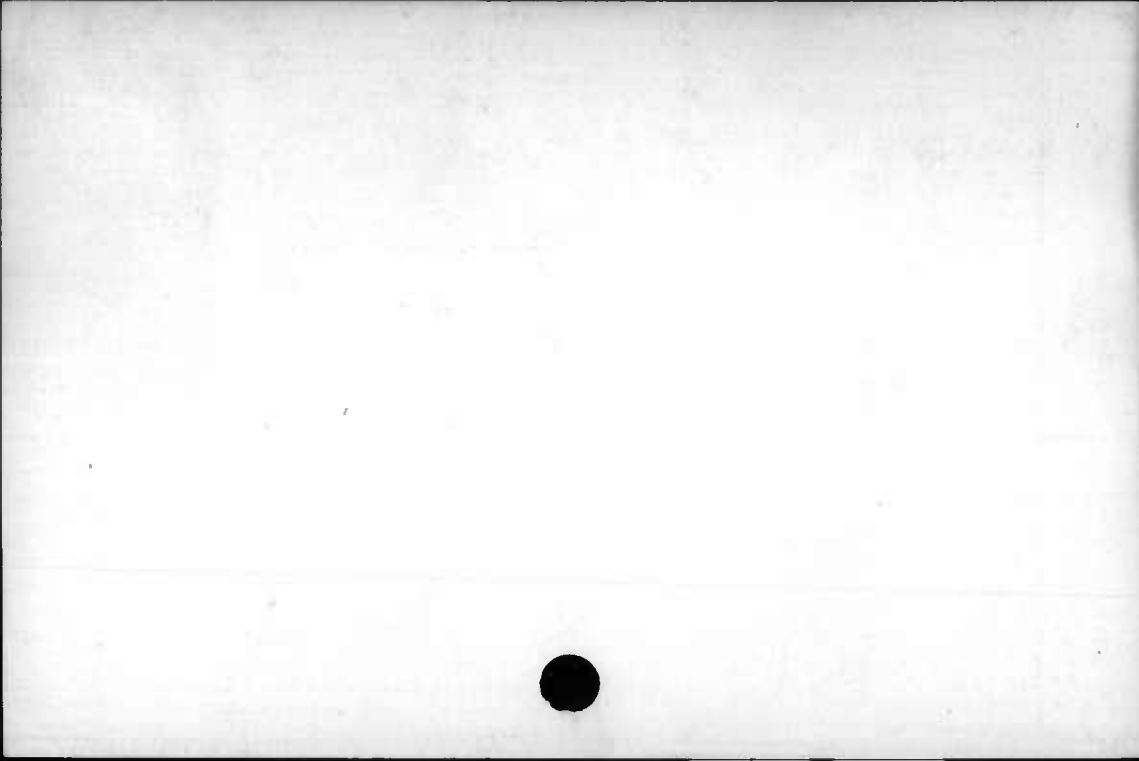
Died at <i>Podlesville</i> Town <i>Montgomery</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>July</i>	Day <i>26</i>	Age <i>22</i> Years
Sex <i>male</i>	Color or Race <i>negro</i>	Birth-place <i>Podlesville</i>	Months <i>1</i> Days <i>22</i>
Occupation <i>laborer</i>	Where Residing if not at place of death <i>Podlesville Md</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband		
Father's Name <i>Charles Butler</i>	Father's Birthplace <i>Podlesville</i>		
Mother's Maiden Name <i>Laura Davis</i>	Mother's Birthplace <i>Podlesville</i>		
Name of person giving information <i>Martha Davis</i>	How related to deceased <i>Grand mother</i>		

CAUSES OF DEATH

164

PHYSICIAN
OR CORONER

Primary <i>Fracture of skull</i>	How long
Immediate <i>Hemorrhage cerebral</i>	How long <i>fifteen minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R. H. Hottel M.D.</i>
	Address <i>Podlesville Md</i>
Accident or Suicide? <i>Accident</i>	



Name in Full Carrie Maciel Proctor		CERTIFICATE OF DEATH	
Died at Polesville ^{Town}		Montgomery ^{County}	
Date of death 1907 ^{Month} July ^{Day} 28		Age 12 ^{Years} 12 ^{Months} 12 ^{Days}	
Sex Female	Color or Race negro	Birth-place Polesville	
Occupation none	Where Residing if not at place of death		
Married, Single or Widowed Single	Name of Wife or Husband		
Father's Name James Albert Proctor	Father's Birthplace Polesville		
Mother's Maiden Name Leah Lykes	Mother's Birthplace Polesville		
Name of person giving information Peter H Davis	How related to deceased none		

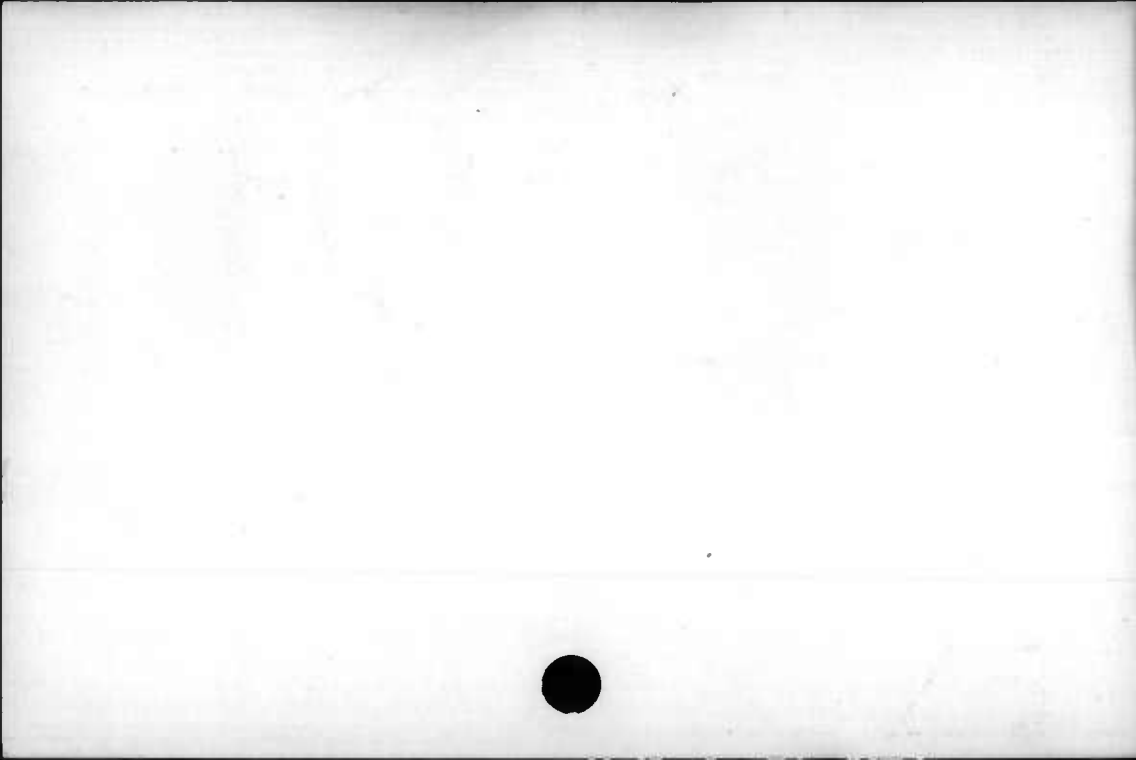
TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary Tuberculosis	(27)	How long six months	
	Immediate Hemorrhage		How long	
	Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician R. L. Lee sub reg	Address Polesville Md	
	Accident or Suicide?			

There have been four (4) deaths from Typhoid
fever in this house in past three (3) years.
The first, a girl had been in service in Washington.
She came home sick and died here. Other cases
originated here. All children, Parents healthy.
Log house about 12 + 16. Family sleep up
stairs under the roof. 3 beds and one cot.
Have disinfected house.

Name in Full		Certificate of Death	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Highway</i> <i>Rock</i> <i>Thomstown</i> <i>Maryland</i>	
		Date of death <i>1907</i> <i>July</i> <i>18</i> <i>Age</i> <i>3</i> <i>4</i> <i>Months</i> <i>Days</i>	
		Sex <i>Male</i> <i>Color or Race</i> <i>White</i> <i>Birthplace</i> <i>Ind. Ter.</i>	
		Occupation <i>None</i> <i>Where Residing if not at place of death</i> <i>Ind. Ter.</i>	
		Married, Single or Widowed <i>Single</i> <i>Name of Wife or Husband</i> <i>John Raker</i>	
		Father's Name <i>John Raker</i> <i>Father's Birthplace</i> <i>Ind.</i>	
		Mother's Maiden Name <i>Blanche Langdon</i> <i>Mother's Birthplace</i> <i>Ohio</i>	
		Name of person giving information <i>John Raker</i> <i>How related to deceased</i> <i>Father</i>	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary <i>Tubercular Meningitis</i> <i>How long</i> <i>Two weeks</i>		<div style="border: 2px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">28</div>
	Immediate <i>Tubercular Meningitis</i> <i>How long</i> <i>Two weeks</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		
	Signature of Physician <i>Ernest Jones</i>		
Address <i>Rock</i>			
Accident or Suicide? <i>No</i>			



Name

in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Colored Infant. Name unknown

Died at near Brighton Montgomery

Date of death 1907 July 7 don't know don't know

Sex supposed to be female Color or Race colored Birthplace not known

Occupation Where Residing if not at place of death

Married, Single or Widowed don't know Name of Wife or Husband don't know

Father's Name don't know Father's Birthplace don't know

Mother's Maiden Name don't know Mother's Birthplace don't know

Name of person giving information Dr. Stabler How related to deceased don't know

CAUSES OF DEATH

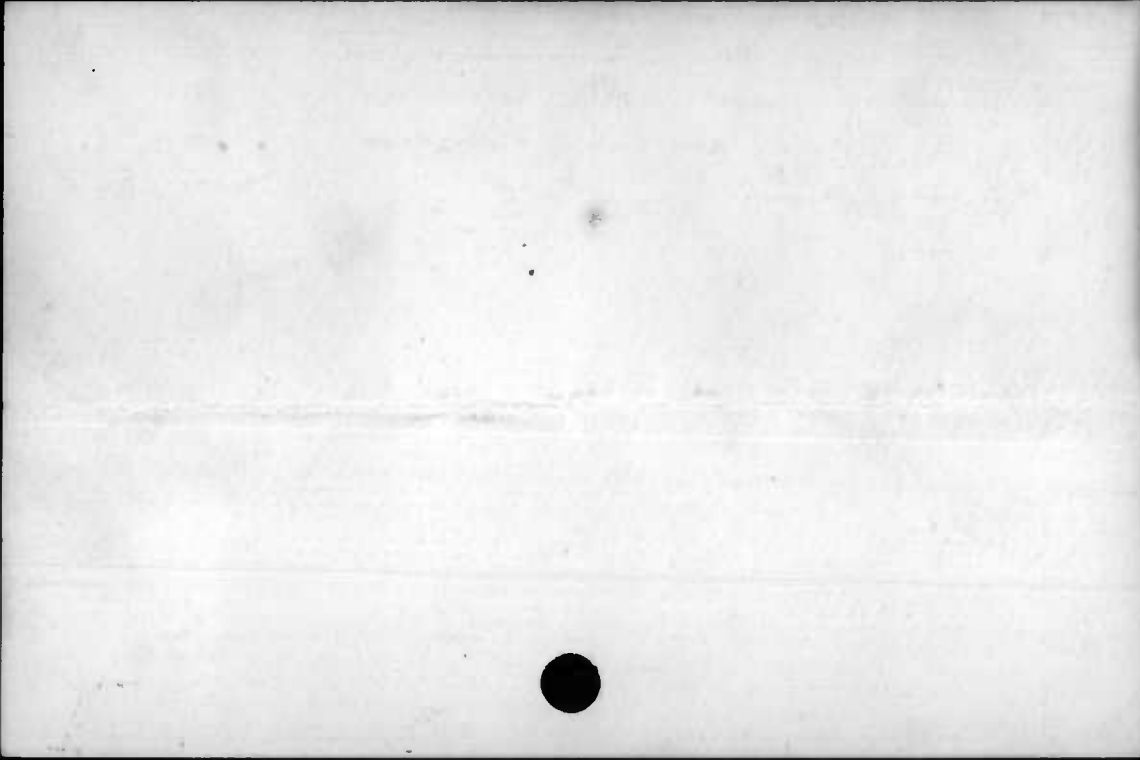
Primary Infanticide 176 How long don't know

Immediate don't know

Are the name, age, sex, color, date and place correctly given above? yes

they are Signature of Physician A. J. Fairall Coroner Address Sandy Spring Md

Accident or Suicide? Infanticide



Name
in
Full

CERTIFICATE OF DEATH

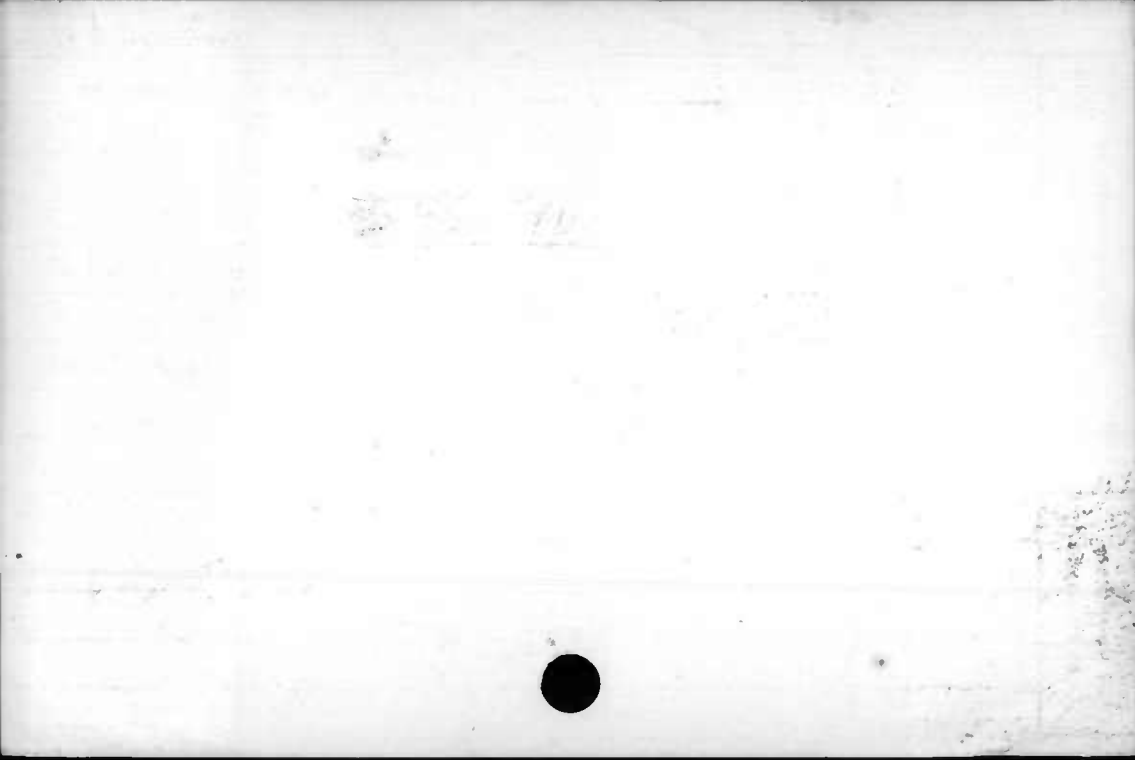
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Emma Uel</i>		Town <i>Poolesville</i>		County <i>Montg</i>		MARYLAND	
Died at		Month <i>7</i>		Day <i>13</i>		Years <i>19</i>	
Date of death <i>1907</i>		Age <i>19</i>		Months <i>7</i>		Days <i>14</i>	
Sex <i>Female</i>		Color or Race <i>Negro</i>		Birth-place <i>Poolesville Md.</i>			
Occupation <i>Domestic servant</i>		Where Residing if not at place of death					
<input checked="" type="checkbox"/> Single		Name of Wife or Husband					
Father's Name <i>Wesley Uel</i>		Father's Birthplace <i>Va.</i>					
Mother's Maiden Name <i>Annie Lee</i>		Mother's Birthplace <i>Md.</i>					
Name of person giving information <i>Wesley Uel</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Meningitis</i>	How long	<i>3 weeks</i>
Immediate	<i>Coma</i>	How long	<i>3 da.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>U. D. Bourne M.D.</i>	
		Address <i>Dawsonville Md.</i>	
Accident or Suicide?			



Name
in
Full

Chara Virginia Williams

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Fairland

Montgomery

Date

Month

Day

Years

Months

Days

of death

1907

July 2

22

Age 18

Sex

Female

Color or
Race

Black

Birth-
place

MD

Occupation

none -

Where Residing if not
at place of death

at place of death

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

John Williams

Father's
Birthplace

MD

Mother's
Maiden Name

Mirtie Johnson

Mother's
Birthplace

MD

Name of person giving
information

Lawrence Chittam

How related
to deceased

Half Brother

CAUSES OF DEATH

179

Primary

Has been sick for a long time

How long

about 6 months

Immediate

I did not see her

How long

about 6 months

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

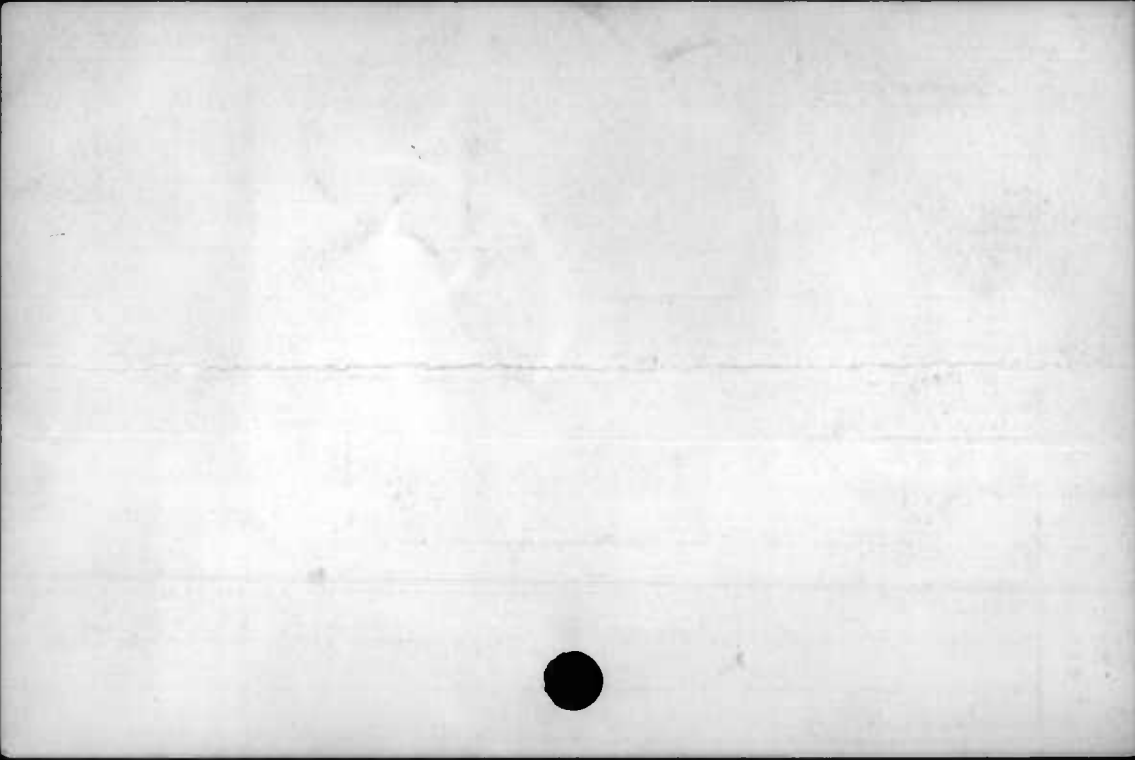
C. A. Fox

Address

Beltsville MD

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Thommas, Williams

Town

County

Rockville

Montgomery

MARYLAND

Died at

Date

of death 190

Month

Day

Years

Months

Days

4 July

1st

Age

70

Sex

Male

Color or

Birthplace

Maryland

Occupation

Farmer

Where Residing if not at place of death

Married, Single or Widowed

yes

Name of Wife or Husband

Unknown

Father's Name

Don't know

Father's Birthplace

Don't know

Mother's Maiden Name

Don't know

Mother's Birthplace

Don't know

Name of person giving information

Mr. Rabbit

How related to deceased

Not at all

CAUSES OF DEATH

Primary

Chronic Nephritis

120

How long

Don't know

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Edmond Anderson M.D.

Address

Rockville, Md.

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